

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 09/761,707 Group Art Unit: 1761

Inventors: Traeder et al. Examiner: C. Paden

Filed: January 18, 2001

Title: SANITIZING FOOD PRODUCTS

AMENDMENT

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-captioned application by amending claims 3, 5-7, 11 and 13-16, cancelling claims 1, 2, 4, 8-10, 12 and 20-21, and adding new claims 22-25 which depend from a claim deemed allowable by the Examiner. The claims are set out on the following pages, which are followed by applicants' remarks responsive to the Office Action:

11/28/2003 HDEMESS1 00000074 162440 09761707 02 FC:1201 516.00 DA



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial **REMAN** 09/761,707

Group Art Unit: 1761

Inventors: Traeder et al.

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Title:

SANITIZING FOOD PRODUCTS

Examiner: C. Paden

AMENDMENT TRANSMITTAL LETTER

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee for this Amendment has been calculated as follows:

CLAIMS AS AMENDED

(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Present Extra	Rate	Additional Fee	Fee Code
Total Claims 14	Minus	19 =	0 X \$	3 18	= \$ 0	103
Independent Claims 9	Minus	3 =	6 X \$	86	= \$516	102
First presentation of multiple dependent claims (\$270) = \$ 104						
Total additional fee for this Amendment \$516						

- * If entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid for" in this space is less than 3, write "3" in this space.
 - 1. \square No additional fee is required.
 - 2. \boxtimes Charge \$516.00 to Deposit Account No. 16-2440 for this Amendment. A duplicate copy of this sheet is enclosed.
 - 3. \(\sumset \) Please charge any additional fees which may be required by this Amendment, or credit any overpayment to Deposit Account No. 16-2440. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Praxair, Inc.

Danbury, CT 06810-5113 Telephone No. (203) 837-2669

Date: November 25, 2003 Atty Ref.: D-20,826 Donald T. Black

Attorney for Applicants Regulation No. 27,999